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JAN 23 2017

U.S. DISTRICT COURT  
MID. DIST. TENN.

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF TENNESSEE  
DIVISION

Michael D. Robinson  
Plaintiff/Petitioner

Civil Action No. \_\_\_\_\_

v.  
Corrections Corporation of America / Core Civic  
Defendant/Respondent

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS  
(Short Form – FOR PRISONERS ONLY)

**IMPORTANT NOTE FOR ALL PRISONER APPLICANTS:** Your Application must be signed where indicated by an officer at the institution where you are confined verifying the amount of money you have on deposit at that institution. The officer's signature must be notarized in accordance with Administrative Order No. 93.

IN ADDITION, unless you are filing a petition for habeas corpus under 28 U.S.C. §§ 2241, 2254, or 2255, YOU MUST SUBMIT A CERTIFIED COPY OF YOUR TRUST FUND ACCOUNT STATEMENT (OR INSTITUTIONAL EQUIVALENT) FOR THE 6-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF YOUR COMPLAINT OR NOTICE OF APPEAL, OBTAINED FROM THE APPROPRIATE OFFICIAL OF EACH PRISON AT WHICH YOU ARE OR WERE CONFINED.

I declare under penalty of perjury that I am a plaintiff or petitioner in this case; I believe I am entitled to the relief requested; and I am unable to pay the costs of these proceedings.

In further support of this application, I answer the following questions under penalty of perjury:

1. I am being held at: Northeast Correctional Complex (Now)

(Was) Housed At South Central Correctional Facility.

2. If I am employed at the institution where I am incarcerated, my gross pay or wages are: \$ 20.00  
per (specify pay period) Month (i.e., per week, two weeks, month).

3. Other Income. In the past 12 months, I have received income from the following sources (check all that apply):

(a) Business, profession, or other self-employment	____ Yes	<input checked="" type="checkbox"/> No
(b) Rent payments, interest, or dividends	____ Yes	<input checked="" type="checkbox"/> No
(c) Pension, annuity, or life insurance payments	____ Yes	<input checked="" type="checkbox"/> No
(d) Disability, or worker's compensation payments	____ Yes	<input checked="" type="checkbox"/> No
(e) Gifts, or inheritances	____ Yes	<input checked="" type="checkbox"/> No
(f) Any other sources	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

Parents support myself financially while incarcerated for the last 12 months, because unable to work right at this moment

4. Total amount of money that I have in cash or in all checking and savings accounts: \$ 0

5. All automobiles, real estate, stocks, bonds, securities, trusts, jewelry, art work, and other financial instruments and things of value that I own, including any item of value held in someone else's name (describe the property and its approximate value): N/A

6. All housing, transportation, utilities, loan payments, and other regular monthly expenses (describe and provide the amount of the monthly expense): N/A

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support: N/A

8. All debts and financial obligations (describe the amounts owed and to whom they are payable):

N/A

*Declaration:* I declare under penalty of perjury that the above information is true, and I understand that a false statement may result in a dismissal of my claims.

Date: 1-4-2017

Michael D. Robinson  
Applicant's signature

Michael D. Robinson  
Printed name

### CERTIFICATE

#### TO BE COMPLETED BY WARDEN OR APPROPRIATE OFFICER OF INSTITUTION

I, Jesse James, being an authorized staff member for South Central Correctional [name of facility] certify that inmate Robinson, Michael #232452 has the total sum of \$ 20.22 in his trust fund account at this facility. I hereby further certify that this inmate's trust fund average balance for the past six months has been \$ 29.95.

[Signature]  
Signature of Authorized Officer at the Institution

Sworn and subscribed before me this the 4 day of JANUARY, 20 17.

NOTARY  
PUBLIC

[Signature]  
Notary Public

My Commission Expires 11-19-2018

LTFF  
BI44Y07TRUST FUND TRANSACTIONS  
SELECTDATE: 01/04/17  
TIME: 10:17

Account: 00232452 ROBINSON, MICHAEL

Actual Site: SCCF

Status: ACTV Sex: M Race: B Age: 41

Assigned Site: SCCF

Current Balance: 0.02 Pending Balance:

20.00

S	Trans Date	Seq No	Transaction Type/Code/Amount	Trans Site	Current Amount	Pend Amount
	07/25/2016	1	D COM 59.70	SCCF	15.42	
	07/18/2016	1	C VIC 75.00	SCCF	75.12	
	07/07/2016	1	D COM 9.05	SCCF	0.12	
	06/29/2016	1	D COM 20.65	SCCF	9.17	
	06/24/2016	1	D COM 10.59	SCCF	29.82	
	06/17/2016	1	D COM 15.80	SCCF	40.41	
	06/14/2016	1	C PAD 4.50	SCCF	56.21	
	06/13/2016	2	C COC 1.58	SCCF	51.71	
	06/13/2016	1	C VSC 20.00	SCCF	50.13	
	06/08/2016	1	D COM 57.82	SCCF	30.13	

Search:

NEXT FUNCTION:

DATA:

F1-HELP

F4-FIRST

F7-PAGE UP

F8-PAGEDOWN F9-QUIT

F11-SUSPEND

Date: 01-04-2017 Time: 10:18:04.04

LTFE  
BI44Y07TRUST FUND TRANSACTIONS  
SELECTDATE: 01/04/17  
TIME: 10:17

Account: 00232452 ROBINSON, MICHAEL

Status: ACTV Sex: M Race: B Age: 41

Current Balance: 0.02 Pending Balance:

Actual Site: SCCF  
Assigned Site: SCCF

20.00

S	Trans Date	Seq No	Transaction Type/Code/Amount	Trans Site	Current Amount	Pend Amount
	09/19/2016	1	C VIC 10.00	SCCF	10.20	
	09/16/2016	1	D ITS 8.00	SCCF	0.20	
	09/15/2016	1	D COM 11.84	SCCF	8.20	
	09/08/2016	1	C VMO 20.00	SCCF	20.04	
	08/31/2016	1	D COM 9.25	SCCF	0.04	
	08/25/2016	1	D COM 13.65	SCCF	9.29	
	08/18/2016	1	D COM 24.06	SCCF	22.94	
	08/11/2016	1	D MED 3.00	SCCF	47.00	
	08/10/2016	2	D COM 15.42	SCCF	50.00	
	08/10/2016	1	C VMG 50.00	SCCF	65.42	

Search:

NEXT FUNCTION:

DATA:

F1-HELP

F4-FIRST

F7-PAGE UP

F8-PAGEDOWN

F9-QUIT

F11-SUSPEND

Date: 01-04-2017 Time: 10:17:59.95

LTFE  
BI44Y07

TRUST FUND TRANSACTIONS  
SELECT

DATE: 01/04/17  
TIME: 10:17

Account: 00232452 ROBINSON, MICHAEL

Actual Site: SCCF

Status: ACTV Sex: M Race: B Age: 41

Assigned Site: SCCF

Current Balance: 0.02 Pending Balance:

20.00

S	Trans Date	Seq No	Transaction Type/Code/Amount	Trans Site	Current Amount	pend Amount
	10/24/2016	2	D DBD 4.00	SCCF	26.38	
	10/24/2016	1	C VIC 20.00	SCCF	30.38	
	10/17/2016	1	C VMO 10.00	SCCF	10.38	
	10/12/2016	1	D COM 41.03	SCCF	0.38	
	10/05/2016	2	D COM 11.96	SCCF	41.41	
	10/05/2016	1	D POS 6.67	SCCF	53.37	
	10/04/2016	1	D DBD 4.00	SCCF	60.04	
	10/03/2016	1	D COM 3.32	SCCF	64.04	
	09/27/2016	1	C VIC 60.00	SCCF	67.36	
	09/21/2016	1	D COM 2.84	SCCF	7.36	

Search:

NEXT FUNCTION:

DATA:

F1-HELP

F4-FIRST

F7-PAGE UP

F8-PAGEDOWN

F9-QUIT

F11-SUSPEND

Date: 01-04-2017 Time: 10:17:56.10

LTFE TRUST FUND TRANSACTIONS  
BI44Y07 SELECT

DATE: 01/04/17  
TIME: 10:17

Account: 00232452 ROBINSON, MICHAEL Actual Site: SCCF  
Status: ACTV Sex: M Race: B Age: 41 Assigned Site: SCCF  
Current Balance: 0.02 Pending Balance: 20.00

S	Trans Date	Seq No	Transaction Type/Code/Amount	Trans Site	Current Amount	Pend Amount
	01/04/2017	1	C VMO 20.00	SCCF	0.02	20.00
	12/16/2016	2	D COM 35.88	SCCF	0.02	
	12/16/2016	1	D ITS 5.00	SCCF	35.90	
	12/08/2016	1	D COP 1.25	SCCF	40.90	
	12/07/2016	1	D COM 17.89	SCCF	42.15	
	12/06/2016	1	C VMO 20.00	SCCF	60.04	
	12/05/2016	1	C VMO 40.00	SCCF	40.04	
	11/02/2016	1	D COM 17.34	SCCF	0.04	
	10/27/2016	1	D DBD 4.00	SCCF	17.38	
	10/24/2016	3	D DBD 5.00	SCCF	21.38	

Search:

NEXT FUNCTION: DATA:  
F1-HELP F8-PAGEDOWN F9-QUIT F11-SUSPEND

TOP OF LIST

Date: 01-04-2017 Time: 10:17:46.97